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Substitute for form 1449/PTO <h1>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h1> <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/811,839
				Filing Date	March 30, 2004
				First Named Inventor	Theoharis C. THEOHARIDES
				Art Unit	1615
				Examiner Name	C. S. Hagopian
Sheet	2	of	2	Attorney Docket Number	2003133.00125US11

[illegible]

Examiner Signature	/Casey Hagopian/	Date Considered	04/09/2009
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.